

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 15 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **429480**

1. Corporation Name

ROBERTS SEPTIC TANKS, INC.

Principal Place of Business

820 NORTH 4TH STREET
LANTANA FL 33462

Mailing Address

820 NORTH 4TH STREET
LANTANA FL 33462

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

8356 Pinto Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1973

5. FEI Number

59-1471779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	ROBERTS, DENMAR ROBERTS, ROSE MARIE	8356 PINTO DRIVE	LAKE WORTH FL

600005338636--7
-04/25/02--01006--019
****908.75 ****908.75

8. Name and Address of Current Registered Agent

~~ROBERTS, DENMAR~~ ROBERTS, ROSE MARIE
~~820 NORTH 4TH STREET~~ 8356 Pinto Drive
~~LANTANA FL 33462~~ Lake Worth, FL 33467

9. Name and Address of New Registered Agent

Name

~~ROBERTS, ROSE MARIE~~

Street Address (P.O. Box Number is Not Acceptable)

8356 Pinto Drive

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code
33467

10. I, Rose Marie Roberts, appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rose Marie Roberts
REGISTERED AGENT MUST SIGN

Date

4/7/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Rose Marie Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/02

Daytime Phone #

CR2E040 (8/01)